	and the contract of the contra
ARIZONA STATE	BOARD OF HEALTH
1. PLACE OF BIRTH BUREAU OF V	ITAL STATISTICS State File No
) <u> </u>	rificate of Birth Registered No/67
County /Vla	State Wigona
District or Township	0.000
City Mami No 16 Marian Canon St. Ward	
//Tab/baba 110 -	a hospital or institution, give its NAME instead of street and number) If child is not yet named, make
2. Full name of child WWWW year	supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin triplet or oth	6. Legitimate? 7. Date
Direction of births. S. No., in order of bi	irth. Yls of birth by 3- 1930.
S. , FATHER	
Full name R +	
' james Warren Johnson	Full maiden name Mary Welyn Cohnaton
9. Resiftence (Miami,	15. Residence
, , , , , , , , , , , , , , , , , , ,	(Usual place of abodd)
If non-resident, give place and state.	If non-resident, give place and state. Wygona.
10. Color or race	16. Color or race
AMAC. 11. Age at last birthdex (Years)	0000
0000	Cauc. 17. Age at last birthday O. O. (Years)
2. Birthplace (city or place) (ayl)	18. Birthplace (city or place) Unly
(State or country)	(State or country)
3. Occupation Mill 12hon ator	19. Occupation
mode of provide s	Nature of Industry
Nature of Industry MIMIMA	Cal Misserile
20. Number of children of this mether (a) Born aliv	e and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein) (b) Born aliv	e but now dead 0 thalmia neonatorum?
	o l
I hereby certify that I attended the birth of this child, who was	NO PHYSICIAN OR MIDWIFE 15 P.
(Born alive or still born)	
When there was no attending physician or midwife, then the father, householder. Signature	ril M. Joron M. W
etc., should make this return. A stillborn hild is one that neither breathes nor	Physic in
(shows other evidence of life after birth.) Given name added from	(Physician or midwife.)
a supplement report	
215-403-415	Oh IV 30 le of Do
Registrar.	Registrar.

0.